

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G82882 (3)

1. Corporation Name

JACKSONVILLE ELECTRIC MOTOR EXCHANGE INC.

E AND L HOLDINGS INC

Principal Place of Business

Mailing Address

NIC 3-5-96

220 SOUTH MYRTLE AVENUE
JACKSONVILLE FL 32204

220 SOUTH MYRTLE AVENUE
JACKSONVILLE FL 32204

4506 WHISPERING DUNE DR.

JACKSONVILLE FL 32277



2. Principal Place of Business

2a. Mailing Address

21 4506 WHISPERING DUNE DR.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

Zip

24 32277

Country

Zip

29 32277

Country

30 32277

9. Name and Address of Current Registered Agent

MERRELL, EDDIE J. SR.
220 S MYRTLE AVE.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name EDDIE J. MERRELL
82 Street Address (P.O. Box Number is Not Acceptable)
4506 WHISPERING DUNE DR.
83
84 City JACKSONVILLE FL 85 Zip Code 32277

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Eddie J. Merrell

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	MERRELL, EDDIE J. JR.	220 SOUTH MYRTLE AVE.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DP	MERRELL, EDDIE	220 SOUTH MYRTLE AVE.	JACKSONVILLE FL	<input type="checkbox"/>
DST	MERRELL, LUCY	220 SOUTH MYRTLE AVE.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
DP	EDDIE J. MERRELL	4506 WHISPERING DUNE DR.	JACKSONVILLE FL	32277	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VST	LUCY MERRELL	4506 WHISPERING DUNE DR.	JACKSONVILLE FL	32277	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Eddie J. Merrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 9047453909

Date

Daytime Phone #

CR2E034 (12/95)